



# Bentall

## ACCESS CARD REQUEST FORM

### Card holder information :

Last name : \_\_\_\_\_ First name : \_\_\_\_\_ Male ( ) Female ( )

Office phone number : ( ) \_\_\_\_\_ Home phone number : ( ) \_\_\_\_\_

Employer : \_\_\_\_\_ Suite number : \_\_\_\_\_

Department : \_\_\_\_\_ Employee number : \_\_\_\_\_

Medical alert (allergies) : \_\_\_\_\_

### Emergency contact information

Full name : \_\_\_\_\_ Relation : \_\_\_\_\_

Office phone : ( ) \_\_\_\_\_ Home phone : ( ) \_\_\_\_\_

### Requested access

Monday to Friday            6h to 18h ( ) 24h/24h ( )

7 days a week                6h to 18h ( ) 24h/24h ( )

Access Group : \_\_\_\_\_

### Authorization

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Title : \_\_\_\_\_ Date : \_\_\_\_\_

Employee signature : \_\_\_\_\_ Date : \_\_\_\_\_

(For the administration use only) Card number : \_\_\_\_\_

All information is strictly confidential and for the sole use of the security department.  
The access card remains the property of the Sun Life Building and must be presented upon  
the request of any security agent.

Please see your manager for photo appointments and card pick-up.